



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 17, 2023

Kent Vanderloon  
McBride Quality Care Services, Inc.  
P.O. Box 387  
Mt. Pleasant, MI 48804

RE: Application #: AS230417937  
**McBride Grand Ledge AFC**  
**803 W Main St**  
**Grand Ledge, MI 48837**

Dear Mr. Vanderloon:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS230417937
<b>Licensee Name:</b>	McBride Quality Care Services, Inc.
<b>Licensee Address:</b>	3070 Jen's Way Mt. Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 772-1261
<b>Licensee Designee:</b>	Kent Vanderloon
<b>Administrator</b>	Sarah Nestle
<b>Name of Facility:</b>	McBride Grand Ledge AFC
<b>Facility Address:</b>	803 W Main St Grand Ledge, MI 48837
<b>Facility Telephone #:</b>	(989) 772-1261
<b>Application Date:</b>	10/09/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/09/2023	On-Line Enrollment.
10/10/2023	PSOR on Address Completed.
10/10/2023	File Transferred To Field Office. Lansing via SharePoint
10/16/2023	Contact-Documents Received -Program Statement, Admission/Discharge Policy, Employee Policy, Standard Operating Procedures, Organizational Chart.
10/17/2023	SC-Application Received – Original.
10/16/2023	Inspection Completed On-site.
10/16/2023	SC-Inspection Completed On-site.
10/16/2023	SC-Inspection Full Compliance.
10/16/2023	Inspection Completed-BCHS Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a one-story, fenced in ranch home located on a 2.25-acre lot set back approximately 352 yards from the road in the City of Grand Ledge. This facility is approximately 10 miles from E.W. Sparrow Hospital, and the Grand River is approximately 700 ft from this facility. There are multiple restaurants and convenience stores, as well as several churches located within two miles of the home. Staff and visitor parking is located near the front entry of the home on a paved and gravel driveway.

On the main floor is two full bathrooms, four resident bedrooms, a large great room, dining area, kitchen, laundry room and basement. One of the four resident bedrooms is a single, private resident bedroom. This facility is wheelchair accessible and has three approved means of egress with wheelchair ramps on the main level of the facility. One wheelchair accessible entrance/exit is located at the front entrance of the home and includes a wheelchair accessible ramp that ends on solid unobstructed ground. A second wheelchair accessible entrance/exit is located at the side of the home and is at ground level. A third wheelchair accessible entrance/exit is in the garage and includes a wheelchair accessible ramp that ends on solid unobstructed ground. Hallways and door widths of the facility can accommodate individuals who use wheelchairs to assist with mobility. The home utilizes the public water supply and sewage disposal system.

The gas furnace and water heater are in the basement which is accessible through the laundry room. The furnace was inspected on 05/23/20023 and is fully operational. A 1 3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading to the basement from the laundry room, creating floor separation.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'10" X 11'8"	126	1
2	16' X 10'11"	174	2
3	7'6" X 25' 5"	190	2
4	11'7" X 11'10"	137	2

The indoor living and dining areas measure a total of 2064 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male and/or female ambulatory and non-ambulatory adults whose diagnosis is developmentally disabled and or mentally ill in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept referrals from Community Mental Health of Clinton, Eaton and Ingham.

**If needed by residents,** behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques. The facility will provide ongoing training for direct care staff members working with developmentally disabled and or mentally ill residents and accommodating the resident's individual routines and preferences.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including those listed above. These resources provide an environment to enhance the quality of life of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is McBride Quality Care Services, Inc., which is a “For Profit Corporation”, established in Michigan, on 10/09/1989. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. The Board of Directors of McBride Quality Care Services, Inc. have submitted documentation appointing Kent Vanderloon as licensee designee and Sarah Nestle as administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Kent Vanderloon and Sarah Nestle. Kent Vanderloon and Sarah Nestle submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Kent Vanderloon and Sarah Nestle have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Kent Vanderloon has been employed by McBride Quality Care Services for over 35 years and is currently the licensee designee for numerous facilities. Sarah Nestle previously served as an administrator for numerous AFC facilities. Kent Vanderloon and Sarah Nestle have provided direct care services to the developmentally disabled and mentally ill for several years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant indicated resident

medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care small group home with a capacity of six residents.



10/17/2023

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



10/17/2023

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Dawn N. Timm  
Area Manager

Date